

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> UNITED TEACHERS LOS ANGELES-POLITICAL ACTION COUNCIL OF EDUCATORS (PACE) ISSUES			<b>Date of This Filing</b> 03/22/2019	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 931704	<b>Report No.</b> 101			
STREET ADDRESS					
CITY LOS ANGELES	STATE CA	ZIP CODE 90010	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> UNITED TEACHERS LOS ANGELES-POLITICAL ACTION COUNCIL OF EDUCATORS (PACE) ISSUES			<b>Date of This Filing</b> 03/22/2019	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>		<b>I.D. NUMBER</b> (if applicable) 931704			
<b>STREET ADDRESS</b>			<b>Report No.</b> 101	Page 2 of 2	
<b>CITY</b> LOS ANGELES			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>STATE</b> CA			<b>No. of Pages</b> 2		
<b>ZIP CODE</b> 90010					

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/21/2019 - 03/21/2019	Yes on Quality chool Los Angeles, CA 90017  ID# 1416627    Memo Reference: 1		\$500,000.00	

Reason for Amendment: